

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700455 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	1					
18	1					
19	1					
20	1					
21	3					
22	3					
23	3					
24	3					
25	3					
26	3					
27	3					
28	3					
29	1					
30	4					
31	4					
32	4					
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TOTAL IND.	7					
TOTAL DEP.	92	↔	↔	↔		
TOTAL CLAIMS	99	████████	████████	████████		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████		